



TOGETHER
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OCCASION

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Initial assessment

Name of assessed organization: National Physical and Standards Laboratory (NPSL), Pakistan

Lead assessor		Process owner	
I recommend that:		I decide:	
Accreditation is granted		Accreditation is granted	
Existing accreditation is renewed		Existing accreditation is renewed	
Transfer of accreditation is granted		Transfer of accreditation is granted	
Accreditation is not granted	X	Accreditation is not granted	X
Existing accreditation is maintained		Existing accreditation is maintained	
Extension of accreditation is granted		Extension of accreditation is granted	
Extension of accreditation is not granted		Extension of accreditation is not granted	
Amendment of BMC is granted		Amendment of BMC is granted	
Amendment of BMC is not granted		Amendment of BMC is not granted	
Surveillance category A		Surveillance category A	
Surveillance category B		Surveillance category B	

9/11-09

Fredrik Langmead (sign.)

Date

Fredrik Langmead, Lead assessor

9/11-09

Date

Inger Cecilie Laake

Inger Cecilie Laake, Process owner

1. Accreditation Standard:

NS-EN ISO/IEC 17025

2. The accreditation process

Initially accredited:	--
Application received:	22.12.2008
Assessment date(s):	02 – 04.03.2009
Date of extraordinary assessment:	--
Date of observation:	--
Closing of non-conformities	Started 03.06.2009, not all non-conformities have been closed
Lead assessor:	Fredrik Langmead

3. The reports from the assessment

On site at the final meeting the summary report was delivered to the laboratory management.

The lead and technical assessor reports were sent to the laboratory 11.03.2009. Also, copies of the reports were sent to UNIDO.

In addition the report from the measurement audits were sent by the technical assessor to the laboratory on 24.03.2009.

4. Closing of non conformities

- In total 20 non-conformities were raised during the assessment. The laboratory was given until 4th June 2009 to send in corrective actions for all of the non-conformities.
- The corrective actions received on 3 June 2009 were evaluated by both the lead and technical assessors, and a report was sent to the management at NPSL on 17 June 2009. 9 non-conformities were found to satisfactorily corrected and hence were closed during this first round of corrective action. For the other 11 NCs the management at NPSL were asked to send in new corrective actions within two weeks, mainly proof that their stated corrective action had been implemented in the system.

No new corrective actions were received until 17 September 2009. This is unacceptable according to Norwegian Accreditation's accreditation procedures as it is more than 6 months after the initial assessment (ref. NA Doc. 25/31, §2 page 9) *"If requirements given by NA are not fulfilled within the time limit, or if the applicant during the next six months after the assessment has not reached any further regarding the application-process, NA can dismiss the application"*

without refunding any charges. The applicant is bound to pay all accrued costs. The applicant will get a pre-warning to be able to give a statement before the process will be interrupted.”

Norwegian Accreditation has on several occasions prompted NPSL for corrective actions, but did not receive satisfactory corrective actions. Consequently, a new assessment must be carried out before accreditation can be granted. The costs for this are not covered by the above mentioned contract.

5. Recommendations:

1. Accreditation is not recommended because of expired time between the initial assessment and the granting of the accreditation. Since too much could have happened at the laboratory after the initial assessment it is not according to the rules of NA Dok 25/31 to accept this long period in between.
2. During the assessment, accreditation was not recommended to be granted for the complete scope applied for. This was presented during the final meeting of the assessment. The reason for this is that the laboratory didn't have the equipment to perform the services applied for.

6. Other business

In the future it is not recommended that we perform initial assessments without the possibility to do pre-assessment (on site). Many of the corrective actions that were presented to the assessment team were only intentions to perform a good corrective action, and no proof that the action really had been performed and implemented.

Appendix

1. Assessment report, NA-S2C
2. Report from technical assessor, NA-S2f
3. Non conformity report, NA-S22 nr 1 - 20.
4. Summary report, NA-S23
5. Evaluations to the corrective actions – report sent to the laboratory 17.06.2009.



Evaluation of
corrective actions NF



SV SV reply of NCS
raised by NA during ir